

cc

FILED

3/31/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

JAN 11 2016 *AB*

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Joseph Owens

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

1:16-cv-312

Judge Robert M. Dow, Jr.

Magistrate Judge Mary M. Rowland

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

Cook County Jail

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

✓

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: Joseph Owens
- B. List all aliases: NONE
- C. Prisoner identification number: _____
- D. Place of present confinement: _____
- E. Address: _____

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: _____
Title: _____
Place of Employment: _____
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____

- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: _____

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I was arrested on Nov, 28, 2015
 Retail Theft the Case was
 Thrown out plus dismissed I
 would like to be reimbursed
 for the eight days I spent
 in Cook County Jail. Plus
 I was put in Segregation
 for no reason and held
 there until it was one
 day before I was released.
 I was not given proper care
 for my mental illness I
 was suicidal but the
 proper medical treatment
 was to be not forthcoming.
 I was held all day in my
 cell for no disciplinary
 reason. I do believe I

was denied of my Civil Rights and deprived of Fair treatment of a person that has a disability. Federal law states that you must have ~~and~~ Fair Reasonable treatment and accomodation for people that has a disability. I would like to be reimbursed for my pain and suffering under American disability Act. I also suffer from Post Traumatic Stress Syndrome I did try to commit suicide all they did was to withhold my medicine. I am asking for the law of this land be honored and Justice be served.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be reimbursed
for my pain and suffering under
the American disability Act and
under my Civil Rights statute

VI. The plaintiff demands that the case be tried by a jury.

☐

YES

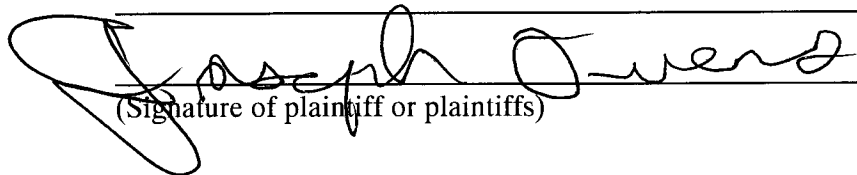
☒

NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 11 day of JAN, 2016



(Signature of plaintiff or plaintiffs)

(Print name)

(I.D. Number)

(Address)